



Paycheck Protection Program Borrower Application Form

OMB Control No.: 3245-0407
Expiration Date: 09/30/2020

Check One: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		DBA or Tradename if Applicable	
Business Legal Name			
Eric R Shibley MD PLLC			
Business Address		Business TIN (EIN, SSN)	Business Phone
4700 36th Ave SW		5849	2069384291
Seattle WA 98126		Primary Contact	Email Address
		Eric Shibley	shibley98271@gmail.com
Average Monthly Payroll:	\$ 37900	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$ 94750
		Number of Employees:	6
Purpose of the loan (select more than one): <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Lease / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain): _____			

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric R Shibley	Manager	100	5264	4700 36th Ave SW Seattle WA 98126

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → <u>ES</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → <u>ES</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FOIA CONFIDENTIAL TREATMENT REQUESTED

U.S. v. Shibley

ATH-RC_0000208



Paycheck Protection Program Borrower Application Form

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- ☒ ^{DS}
^{ES} The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- ☒ ^{DS}
^{ES} Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- ☒ ^{DS}
^{ES} The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- ☒ ^{DS}
^{ES} The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- ☒ ^{DS}
^{ES} I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- ☒ ^{DS}
^{ES} During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- ☒ ^{DS}
^{ES} I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- ☒ ^{DS}
^{ES} I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

DocuSigned by:
Eric Shibley
Signature of Authorized Representative of Applicant
Eric Shibley
Print Name

5/2/2020
Date
Manager
Title



Paycheck Protection Program Borrower Application Form

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

941 for 2020: Employer's QUARTERLY Federal Tax Return

Form
(Rev. January 2020)

Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN) [REDACTED] - [REDACTED] 9 0 5 2

Name (not your trade name) Eric R Shibley MD PLLC

Trade name (if any)

Address 4700 36th Ave SW

Number Seattle Street WA Suite or room number 98126

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020 (Check one.)

- ☒ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 5

2 Wages, tips, and other compensation 2 75800 . 00

3 Federal income tax withheld from wages, tips, and other compensation 3 0 .

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages	75800 .	$\times 0.124 =$ 9399 . 20
5b Taxable social security tips	.	$\times 0.124 =$.
5c Taxable Medicare wages & tips	75800 .	$\times 0.029 =$ 2198 . 20
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.	$\times 0.009 =$.
5e Add Column 2 from lines 5a, 5b, 5c, and 5d		5e 11597 . 40
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		5f .
6 Total taxes before adjustments. Add lines 3, 5a, and 5f		6 11597 . 40
7 Current quarter's adjustment for fractions of cents		7 .
8 Current quarter's adjustment for sick pay		8 .
9 Current quarter's adjustments for tips and group-term life insurance		9 .
10 Total taxes after adjustments. Combine lines 6 through 9		10 11597 . 40
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		11 .
12 Total taxes after adjustments and credits. Subtract line 11 from line 10		12 11597 . 40
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter		13 .
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions		14 11597 . 40
15 Overpayment. If line 13 is more than line 12, enter the difference .	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

► You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 170012

Form 941 (Rev. 1-2020)

Next ➔

950217

Name (not your trade name)

Employer identification number (EIN)

Eric R Shibley MD PLLC

9052

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 5798 . 70

Month 2 5798 . 70

Month 3 0 . 00

Total liability for quarter 11597 . 40 Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages / / .

- 18 If you are a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

- ☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

- ☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here



Print your name here

Eric R Shibley

Print your title here

Manager

Date

4/22/2020

Best daytime phone

2069384291

Paid Preparer Use OnlyCheck if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

 / /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Page 2

Form 941 (Rev. 1-2020)

33333		Control number		For Official Use Only OMB No. 1545-0048	
b. Kind of Payer (Check one)		<input checked="" type="checkbox"/> 941 (T) <input type="checkbox"/> 942 Military <input type="checkbox"/> 943 Hand emp. <input type="checkbox"/> 944 Medicare (govt. emp.)		Kind of Employer (Check one)	
c. Total number of Forms W-2		d. Establishment number		1 Wages, tips, other compensation 451152	
6		e. Employer identification number (EIN)		2 Federal income tax withheld 0	
f. Employer's name		9052		3 Social security wages 451152	
Eric R Shibley MD PLLC				4 Social security tax withheld 55942.8	
g. Employer's address and ZIP code		4700 36th Ave SW Seattle WA 98126-2716		5 Medicare wages and tips 451152	
h. Other EIN used this year				6 Medicare tax withheld 13083.4	
i. State		Employer's state (D number)		7 Social security tips 0	
WA		603260109		8 Allocated tips 0	
18 State wages, tips, etc.		17 State income tax		9 Federal income tax withheld 0	
0		0		10 Federal income tax withheld 0	
Employer's contact person		Employer's telephone number		11 Nonqualified plans 0	
Eric R Shibley		206-938-4291		12 Deferral compensation 0	
Employer's fax number		Employer's email address		13 For third-party sick pay use only 0	
206-260-1412		shibleenyc@yahoo.com		14 Income tax withheld by payer of third-party sick pay 0	

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature

Title: Manager

Date: 04/24/2020

Form W-3 Transmittal of Wage and Tax Statements 2019

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

• **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.

• **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2020**. For more information, go to www.SSA.gov/bsa. First time filers, select "Register"; returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2020**.

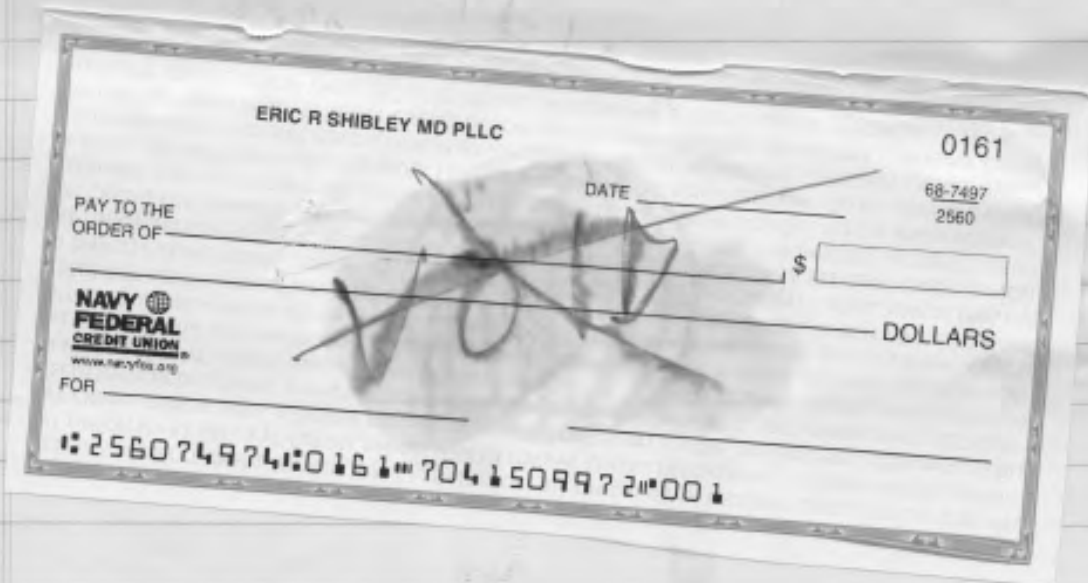
Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Direct Operations Center
Wilkes-Barre, PA 18769-0001**

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



WA
USA **WASHINGTON**

DRIVER LICENSE
FEDERAL LIMITS APPLY

4d LIC# [REDACTED]

9 CLASS

1 **SHIBLEY**
2 **ERIC RYAN**

3 DOB [REDACTED] /1978

4a ISS **12/06/2019**

8 4700 36TH AVE SW
SEATTLE WA 98126-2716

15 SEX **M**
16 HGT **6'-00"**

18 EYES **BRO**
17 WGT **190 lb**

12 RESTRICTIONS
B

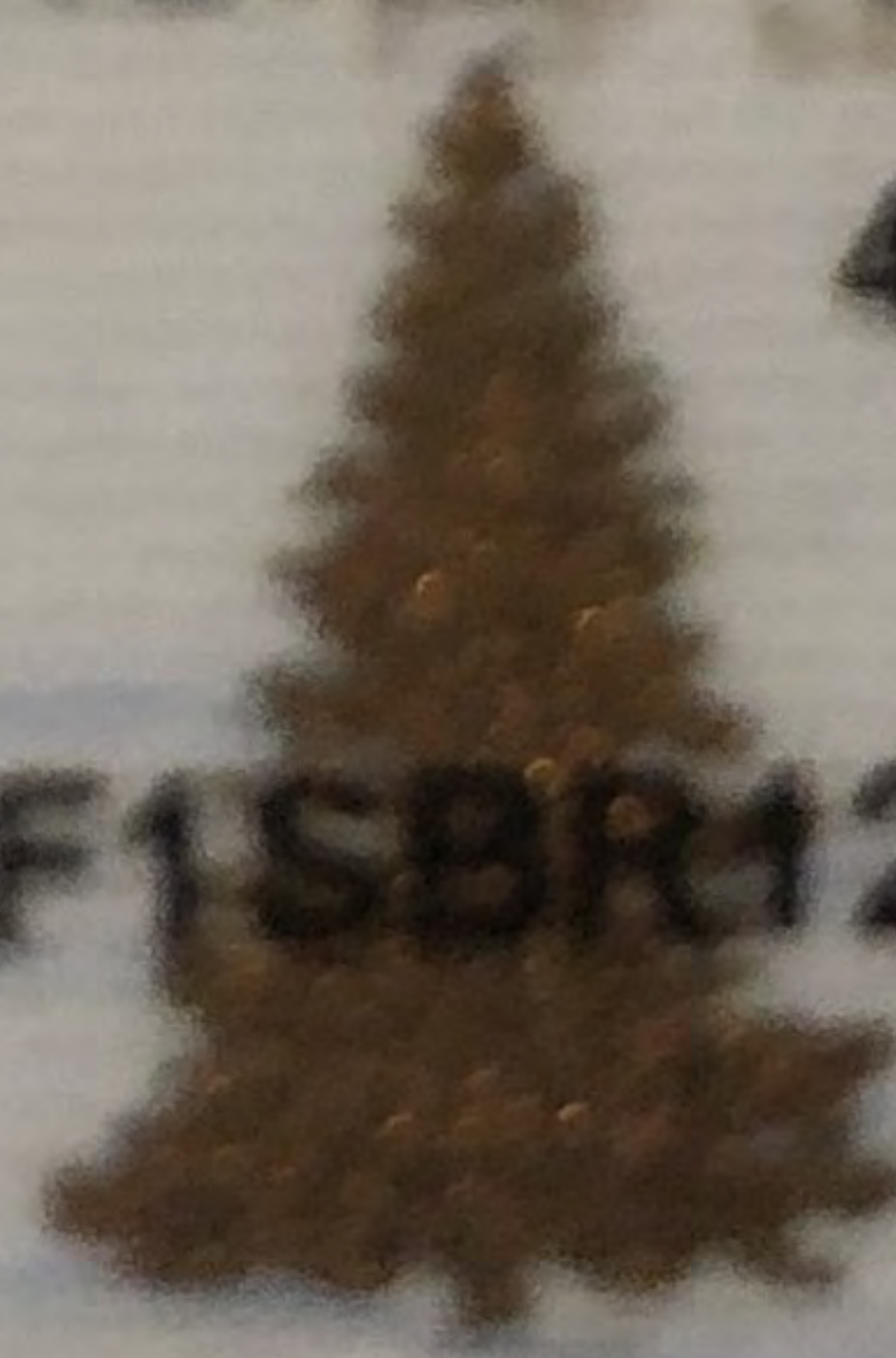
9a END **NONE**

4b EXP **12/10/2025**

5 DD **WDL67B54F1SBR1206193H1225**

REV 11/12/2019

20 R1206193H1225



DocuSign Envelope ID: DE6787BD-8159-4C17-99C3-1133D93E8F4D



**Paycheck Protection Program
Borrower Application Form**

OMB Control No.: 3245-0407
Expiration Date: 09/30/2020

Check One: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		DBA or Tradename if Applicable	
Business Legal Name			
ES1 LLC			
Business Address		Business TIN (EIN, SSN)	Business Phone
4700 36th Ave SW		5849	2069384291
Seattle WA 98126		Primary Contact	Email Address
		Eric Shibley	shibleenyc@yahoo.com

Average Monthly Payroll:	\$ 38300	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$ 95750	Number of Employees:	6
--------------------------	----------	--	----------	----------------------	---

Purpose of the loan (select more than one):	<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Lease / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain): _____				
--	---	--	--	--	--

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric R Shibley	Manager	100	5264	4700 36th Ave SW Seattle WA 98126

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → <u>ES</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → <u>ES</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FOIA CONFIDENTIAL TREATMENT REQUESTED

1

ATH-RC_0000297

SBA Form 2483 (04/20)

**U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 12
Admitted _____**

DOJ-01-0000003264

DocuSign Envelope ID: DE6787BD-8159-4C17-99C3-1133D93E8F4D



Paycheck Protection Program Borrower Application Form

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- ☒ ES The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- ☒ ES Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- ☒ ES The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- ☒ ES The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- ☒ ES I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- ☒ ES During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- ☒ ES I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- ☒ ES I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

DocuSigned by:

 Signature of Authorized Representative of Applicant
 Eric Shibley
 Print Name

5/2/2020
 Date
 Manager
 Title

FOIA CONFIDENTIAL TREATMENT REQUESTED

2

ATH-RC_0000298



Paycheck Protection Program Borrower Application Form

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and ***submitted to your SBA Participating Lender***. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. *See*, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

DocuSign Envelope ID: DE6787BD-8159-4C17-99C3-1133D93E8F4D



Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

941 for 2020: Employer's QUARTERLY Federal Tax Return
 Form (Rev. January 2020) Department of the Treasury — Internal Revenue Service **950117**
 OMB No. 1545-0029

Employer identification number (EIN) **5849**

Name (not your trade name) **ESI LLC**

Trade name (if any)

Address **4700 36th Ave SW**
 Number Street Suite or room number
Seattle **WA** **98126**
 City State ZIP code
 Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020
 (Check one.)
☒ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December
 Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) **1** **5**

2 Wages, tips, and other compensation **2** **76600 . 00**

3 Federal income tax withheld from wages, tips, and other compensation **3** **0 .**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	76600 .	$\times 0.124 =$	9498 . 40
5b Taxable social security tips	.	$\times 0.124 =$.
5c Taxable Medicare wages & tips	76600 .	$\times 0.029 =$	2221 . 40
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.	$\times 0.009 =$.
5e Add Column 2 from lines 5a, 5b, 5c, and 5d			11719 . 80
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			.
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			11719 . 80
7 Current quarter's adjustment for fractions of cents			.
8 Current quarter's adjustment for sick pay			.
9 Current quarter's adjustments for tips and group-term life insurance			.
10 Total taxes after adjustments. Combine lines 6 through 9			11719 . 80
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			.
12 Total taxes after adjustments and credits. Subtract line 11 from line 10			11719 . 80
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter			.
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions			11719 . 80
15 Overpayment. If line 13 is more than line 12, enter the difference			.

Check one: ☐ Apply to next return. ☐ Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 17001Z Form **941** (Rev. 1-2020) **Next**

950217

Name (not your trade name)

Employer identification number (EIN)

ESI LLC

8849

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 5859 90

Month 2 5859 90

Month 3 0 00

Total liability for quarter 11719 80

Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages / /

- 18 If you are a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

- ☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☐ ☐ ☐ ☐ ☐

- ☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here



Print your name here

Eric R Shibley

Print your title here

Manager

Date

4/22/2020

Best daytime phone

2069384291

Paid Preparer Use OnlyCheck if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

 / /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Page 2

Form 941 (Rev. 1-2020)

33333		For Official Use Only OMB No. 1545-0045	
b Kind of Payer (Check one) <input checked="" type="checkbox"/> 941 Self-employed <input type="checkbox"/> 942 Other		Kind of Employer (Check one) <input checked="" type="checkbox"/> State/local gov't <input type="checkbox"/> Federal gov't <input type="checkbox"/> Third-party sick pay	
c Total number of Forms W-2		d Establishment number	
6		459600	
e Employer identification number (EIN)		f Social security wages	
5849		459600	
g Employer's name		h Federal income tax withheld	
ES1 LLC		0	
i Employer's address and ZIP code		j Social security tax withheld	
4700 36th Ave SW Seattle WA 98126-2716		56990.04	
k Other EIN used this year		l Medicare wages and tips	
		459300	
m State		n Medicare tax withheld	
WA		13328.40	
o Employer's state ID number		p Railroad tax withheld	
603260109		0	
q State wages, tips, etc.		r Railroad tax withheld	
0		0	
s State income tax		t Railroad tax withheld	
0		0	
u Local wages, tips, etc.		v Local income tax	
0		0	
w Local income tax		x Other compensation	
0		0	
y Other compensation		z Other compensation	
0		0	
aa Other compensation		ab Other compensation	
0		0	
ac Other compensation		ad Other compensation	
0		0	
ae Other compensation		af Other compensation	
0		0	
ag Other compensation		ah Other compensation	
0		0	
ai Other compensation		aj Other compensation	
0		0	
ak Other compensation		al Other compensation	
0		0	
am Other compensation		an Other compensation	
0		0	
ao Other compensation		ap Other compensation	
0		0	
aq Other compensation		ar Other compensation	
0		0	
as Other compensation		at Other compensation	
0		0	
au Other compensation		av Other compensation	
0		0	
aw Other compensation		ax Other compensation	
0		0	
ay Other compensation		az Other compensation	
0		0	
ba Other compensation		bb Other compensation	
0		0	
bc Other compensation		bd Other compensation	
0		0	
be Other compensation		bf Other compensation	
0		0	
bg Other compensation		bh Other compensation	
0		0	
bi Other compensation		bj Other compensation	
0		0	
bk Other compensation		bl Other compensation	
0		0	
bm Other compensation		bn Other compensation	
0		0	
bo Other compensation		bp Other compensation	
0		0	
bq Other compensation		br Other compensation	
0		0	
bs Other compensation		bt Other compensation	
0		0	
bu Other compensation		bv Other compensation	
0		0	
bw Other compensation		bx Other compensation	
0		0	
by Other compensation		bz Other compensation	
0		0	
ca Other compensation		cb Other compensation	
0		0	
cc Other compensation		cd Other compensation	
0		0	
ce Other compensation		cf Other compensation	
0		0	
cg Other compensation		ch Other compensation	
0		0	
ci Other compensation		cj Other compensation	
0		0	
ck Other compensation		cl Other compensation	
0		0	
cm Other compensation		cn Other compensation	
0		0	
co Other compensation		cp Other compensation	
0		0	
cq Other compensation		cr Other compensation	
0		0	
cs Other compensation		ct Other compensation	
0		0	
cu Other compensation		cv Other compensation	
0		0	
cv Other compensation		cw Other compensation	
0		0	
cw Other compensation		cx Other compensation	
0		0	
cx Other compensation		cy Other compensation	
0		0	
cy Other compensation		cz Other compensation	
0		0	
ca Other compensation		cb Other compensation	
0		0	
cb Other compensation		cc Other compensation	
0		0	
cc Other compensation		cd Other compensation	
0		0	
cd Other compensation		ce Other compensation	
0		0	
ce Other compensation		cf Other compensation	
0		0	
cf Other compensation		cg Other compensation	
0		0	
cg Other compensation		ch Other compensation	
0		0	
ch Other compensation		ci Other compensation	
0		0	
ci Other compensation		cj Other compensation	
0		0	
cj Other compensation		ck Other compensation	
0		0	
ck Other compensation		cl Other compensation	
0		0	
cl Other compensation		cm Other compensation	
0		0	
cm Other compensation		cn Other compensation	
0		0	
cn Other compensation		co Other compensation	
0		0	
co Other compensation		cp Other compensation	
0		0	
cp Other compensation		cq Other compensation	
0		0	
cq Other compensation		cr Other compensation	
0		0	
cr Other compensation		cs Other compensation	
0		0	
cs Other compensation		ct Other compensation	
0		0	
ct Other compensation		cu Other compensation	
0		0	
cu Other compensation		cv Other compensation	
0		0	
cv Other compensation		cw Other compensation	
0		0	
cw Other compensation		cx Other compensation	
0		0	
cx Other compensation		cy Other compensation	
0		0	
cy Other compensation		cz Other compensation	
0		0	
cz Other compensation		da Other compensation	
0		0	
da Other compensation		db Other compensation	
0		0	
db Other compensation		dc Other compensation	
0		0	
dc Other compensation		dd Other compensation	
0		0	
dd Other compensation		de Other compensation	
0		0	
de Other compensation		df Other compensation	
0		0	
df Other compensation		dg Other compensation	
0		0	
dg Other compensation		dh Other compensation	
0		0	
dh Other compensation		di Other compensation	
0		0	
di Other compensation		dj Other compensation	
0		0	
dj Other compensation		dk Other compensation	
0		0	
dk Other compensation		dl Other compensation	
0		0	
dl Other compensation		dm Other compensation	
0		0	
dm Other compensation		dn Other compensation	
0		0	
dn Other compensation		do Other compensation	
0		0	
do Other compensation		dp Other compensation	
0		0	
dp Other compensation		dq Other compensation	
0		0	
dq Other compensation		dr Other compensation	
0		0	
dr Other compensation		ds Other compensation	
0		0	
ds Other compensation		dt Other compensation	
0		0	
dt Other compensation		du Other compensation	
0		0	
du Other compensation		dv Other compensation	
0		0	
dv Other compensation		dw Other compensation	
0		0	
dw Other compensation		dx Other compensation	
0		0	
dx Other compensation		dy Other compensation	
0		0	
dy Other compensation		dz Other compensation	
0		0	
dz Other compensation		ea Other compensation	
0		0	
ea Other compensation		eb Other compensation	
0		0	
eb Other compensation		ec Other compensation	
0		0	
ec Other compensation		ed Other compensation	
0		0	
ed Other compensation		ee Other compensation	
0		0	
ee Other compensation		ef Other compensation	
0		0	
ef Other compensation		eg Other compensation	
0		0	
eg Other compensation		eh Other compensation	
0		0	
eh Other compensation		ei Other compensation	
0		0	
ei Other compensation		ej Other compensation	
0		0	
ej Other compensation		ek Other compensation	
0		0	
ek Other compensation		el Other compensation	
0		0	
el Other compensation		em Other compensation	
0		0	
em Other compensation		en Other compensation	
0		0	
en Other compensation		eo Other compensation	
0		0	
eo Other compensation		ep Other compensation	
0		0	
ep Other compensation		eq Other compensation	
0		0	
eq Other compensation		er Other compensation	
0		0	
er Other compensation		es Other compensation	
0		0	
es Other compensation		et Other compensation	
0		0	
et Other compensation		eu Other compensation	
0		0	
eu Other compensation		ev Other compensation	
0		0	
ev Other compensation		ew Other compensation	
0		0	
ew Other compensation		ex Other compensation	
0		0	
ex Other compensation		ey Other compensation	
0		0	
ey Other compensation		ez Other compensation	
0		0	
ez Other compensation		fa Other compensation	
0		0	
fa Other compensation		fb Other compensation	
0		0	
fb Other compensation		fc Other compensation	
0		0	
fc Other compensation		fd Other compensation	
0		0	
fd Other compensation		fe Other compensation	
0		0	
fe Other compensation		ff Other compensation	
0		0	
ff Other compensation		fg Other compensation	
0		0	
fg Other compensation		fh Other compensation	
0		0	
fh Other compensation		fi Other compensation	
0		0	
fi Other compensation		fj Other compensation	
0		0	
fj Other compensation		fk Other compensation	
0		0	
fk Other compensation		fl Other compensation	
0		0	
fl Other compensation		fm Other compensation	
0		0	
fm Other compensation		fn Other compensation	
0		0	
fn Other compensation		fo Other compensation	
0		0	
fo Other compensation		fp Other compensation	
0		0	
fp Other compensation		fq Other compensation	
0		0	
fq Other compensation		fr Other compensation	
0		0	
fr Other compensation		fs Other compensation	
0		0	
fs Other compensation		ft Other compensation	
0		0	
ft Other compensation		fu Other compensation	
0		0	
fu Other compensation		fv Other compensation	
0		0	
fv Other compensation		fw Other compensation	
0		0	
fw Other compensation		fx Other compensation	
0		0	
fx Other compensation		fy Other compensation	
0		0	
fy Other compensation		fz Other compensation	
0		0	
fz Other compensation		ga Other compensation	
0		0	
ga Other compensation		gb Other compensation	
0		0	
gb Other compensation		gc Other compensation	
0		0	
gc Other compensation		gd Other compensation	
0		0	
gd Other compensation		ge Other compensation	
0		0	
ge Other compensation		gf Other compensation	
0		0	
gf Other compensation		gg Other compensation	
0		0	
gg Other compensation		gh Other compensation	
0		0	
gh Other compensation		gi Other compensation	
0		0	
gi Other compensation		gj Other compensation	
0		0	
gj Other compensation		gk Other compensation	
0		0	
gk Other compensation		gl Other compensation	
0		0	
gl Other compensation		gm Other compensation	
0		0	
gm Other compensation		gn Other compensation	
0		0	
gn Other compensation		go Other compensation	
0		0	
go Other compensation		gp Other compensation	
0		0	
gp Other compensation		gq Other compensation	
0		0	
gq Other compensation		gr Other compensation	
0		0	
gr Other compensation		gs Other compensation	
0		0	
gs Other compensation		gt Other compensation	
0		0	
gt Other compensation		gu Other compensation	
0		0	
gu Other compensation		gv Other compensation	
0		0	
gv Other compensation		gw Other compensation	
0		0	
gw Other compensation		gx Other compensation	
0		0	
gx Other compensation		gy Other compensation	
0		0	
gy Other compensation		gz Other compensation	
0		0	
gz Other compensation		ha Other compensation	
0		0	
ha Other compensation		hb Other compensation	
0		0	
hb Other compensation		hc Other compensation	
0		0	
hc Other compensation		hd Other compensation	
0		0	
hd Other compensation		he Other compensation	
0		0	
he Other compensation		hf Other compensation	
0		0	
hf Other compensation		hg Other compensation	
0		0	
hg Other compensation		hh Other compensation	
0		0	
hh Other compensation		hi Other compensation	
0		0	
hi Other compensation		hj Other compensation	
0		0	
hj Other compensation		hk Other compensation	
0		0	
hk Other compensation		hl Other compensation	
0		0	
hl Other compensation		hm Other compensation	
0		0	
hm Other compensation		hn Other compensation	
0		0	
hn Other compensation		ho Other compensation	
0		0	
ho Other compensation		hp Other compensation	
0		0	
hp Other compensation		hq Other compensation	
0		0	
hq Other compensation		hr Other compensation	
0		0	
hr Other compensation		hs Other compensation	
0		0	
hs Other compensation		ht Other compensation	
0		0	
ht Other compensation		hu Other compensation	
0		0	
hu Other compensation		hv Other compensation	
0		0	
hv Other compensation		hw Other compensation	
0		0	
hw Other compensation		hx Other compensation	
0		0	
hx Other compensation		hy Other compensation	
0		0	



WA
USA **WASHINGTON**

DRIVER LICENSE
FEDERAL LIMITS APPLY

4d LIC#

1 SHIBLEY
2 ERIC RYAN

9 CLASS

3 DOB /1978

4a ISS 12/06/2019

8 4700 36TH AVE SW
SEATTLE WA 98126-2716

15 SEX M

18 EYES BRO

16 HGT 6'-00"

17 WGT 190 lb

12 RESTRICTIONS
B

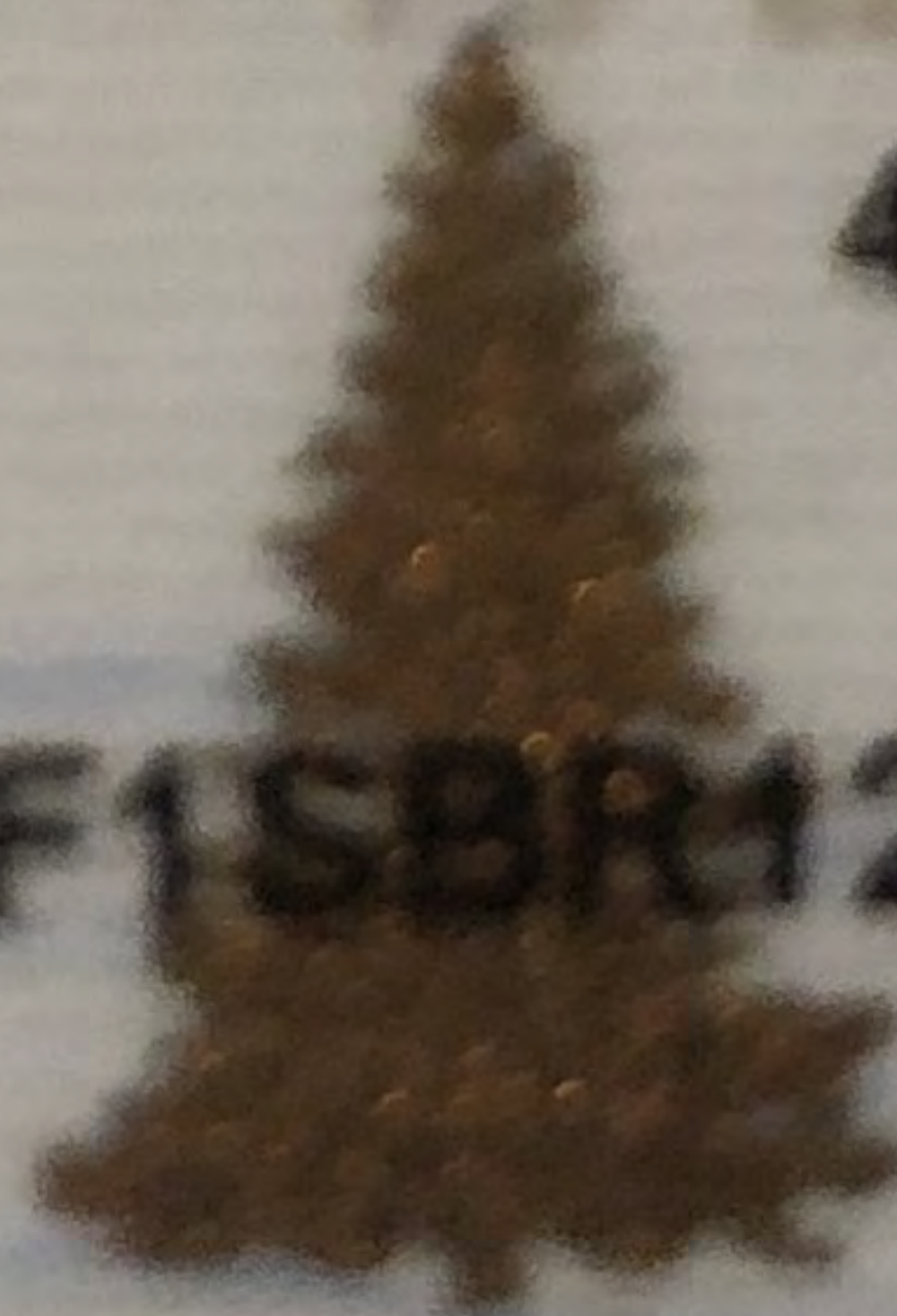
9a END NONE

4b EXP 12/10/2025

5 DD WDL67B54F1SBR1206193H1225

REV 11/12/2019

20 R1206193H1225





Paycheck Protection Program Borrower Application Form

OMB Control No.: 3245-0407
Expiration Date: 09/30/2020

Check One: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		DBA or Tradename if Applicable 	
Business Legal Name SS1 LLC			
Business Address 4700 36th Ave SW		Business TIN (EIN, SSN) [REDACTED] 7509	Business Phone 2069384291
		Primary Contact Eric Shibley	Email Address ers98126@gmail.com

Average Monthly Payroll:	\$ 328000	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$ 820000	Number of Employees: 41
Purpose of the loan (select more than one): <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Lease / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain): <u>employee benefits</u>				

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric R Shibley	Manager	100	[REDACTED] 526	4700 36th Ave SW Seattle WA

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → <u>ers</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → <u>ers</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FOIA CONFIDENTIAL TREATMENT REQUESTED

1

ATH-RC_0000590

SBA Form 2483 (04/20)

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 13
Admitted _____

DOJ-01-0000003592



Paycheck Protection Program Borrower Application Form

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- ers The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- ers Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- ers The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- ers The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- ers I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- ers During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- ers I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- ers I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Eric Ryan Shibley Digitally signed by Eric Ryan Shibley
Date: 2020.04.15 19:08:46 -07'00'

Signature of Authorized Representative of Applicant

Eric R Shibley

Print Name

04/20/2020

Date

04/20/2020

Title



Paycheck Protection Program Borrower Application Form

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and ***submitted to your SBA Participating Lender***. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. *See*, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guaranty, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

950117
OMB No. 1545-0029

941 for 2020: Employer's QUARTERLY Federal Tax Return

Form (Rev. January 2020) Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) [REDACTED] 7 5 0 9

Name (not your trade name) SSI LLC

Trade name (if any)

Address 4700 36th Ave SW

Number Street Suite or room number

Seattle WA 98126

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020
(Check one.)

☒ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

- 1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 41
- 2 Wages, tips, and other compensation 2 656,000.00
- 3 Federal income tax withheld from wages, tips, and other compensation 3 0.00
- 4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	656000.00	$\times 0.124 =$	81344.00
5b Taxable social security tips	.	$\times 0.124 =$.
5c Taxable Medicare wages & tips	656000.00	$\times 0.029 =$	1885.00
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.	$\times 0.009 =$.

- 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 83229.00
- 5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f .
- 6 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 83229.00
- 7 Current quarter's adjustment for fractions of cents 7 .
- 8 Current quarter's adjustment for sick pay 8 .
- 9 Current quarter's adjustments for tips and group-term life insurance 9 .
- 10 Total taxes after adjustments. Combine lines 6 through 9 10 83229.00
- 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 .
- 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 .
- 13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 .
- 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 83229.00
- 15 Overpayment. If line 13 is more than line 12, enter the difference 15 .

Check one: ☐ Apply to next return ☐ Send a refund.

Next

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z Form **941** (Rev. 1-2020)

950217

Name (not your trade name)

Employer identification number (EIN)

SSI LLC

7509

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 41614 . 50

Month 2 41614 . 50

Month 3 .

Total liability for quarter 83229 . 00

Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages

- 18 If you are a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

- ☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

- ☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here



Print your name here

Eric R Shibley

Print your title here

Manager

Date

4/29/2020

Best daytime phone

2069384291

Paid Preparer Use OnlyCheck if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Page 2

Form 941 (Rev. 1-2020)

941 for 2019: Employer's QUARTERLY Federal Tax Return
 Form (Rev. January 2019) Department of the Treasury - Internal Revenue Service **950117**
 OMB No. 1545-0029

Employer identification number (EIN) **7 5 0 9**

Name (not your trade name) **SSI LLC**

Trade name (if any)

Address **4700 36th Ave SW**
 Number Street Suite or room number
Seattle **WA** **98126**
 City State ZIP code
 Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2019
 (Check one.)
☐ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☒ 4: October, November, December
 Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) **1** **41**

2 Wages, tips, and other compensation **2** **538000 . 00**

3 Federal income tax withheld from wages, tips, and other compensation **3** **0 . 00**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	538000 .	$\times 0.124 =$	66712 . 00
5b Taxable social security tips	.	$\times 0.124 =$.
5c Taxable Medicare wages & tips	538000 .	$\times 0.029 =$	15602 . 00
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.	$\times 0.009 =$.
5e Add Column 2 from lines 5a, 5b, 5c, and 5d			82314 . 00
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			.
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			82314 . 00
7 Current quarter's adjustment for fractions of cents			.
8 Current quarter's adjustment for sick pay			.
9 Current quarter's adjustments for tips and group-term life insurance			.
10 Total taxes after adjustments. Combine lines 6 through 9			82314 . 00
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			.
12 Total taxes after adjustments and credits. Subtract line 11 from line 10			82314 . 00
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter			.
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions			82314 . 00
15 Overpayment. If line 13 is more than line 12, enter the difference			.

Check one: ☐ Apply to next return. ☐ Send a refund.

Next

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 170012 Form **941** (Rev. 1-2019)

Name (not your trade name)	Employer identification number (EIN)
SSI LLC	7509

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 .

Month 2 .

Month 3 .

Total liability for quarter .

Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages / / .

- 18 If you are a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

- ☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

- ☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here



Print your name here

Eric R Shibley

Print your title here

Manager

Date

9/22/2020

Best daytime phone

2069384291

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

/ /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

DO NOT STAPLE

33333		a Control number		For Official Use Only OMB No. 1545-0002	
b Kind of payer (Check one)		<input checked="" type="checkbox"/> 541 <input type="checkbox"/> military <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> 542 <input type="checkbox"/> 940 <input type="checkbox"/> 941 <input type="checkbox"/> 942		Kind of Employer (Check one) <input checked="" type="checkbox"/> None apply <input type="checkbox"/> 501c non-profit <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt.	
c Total number of Forms W-2 41		d Establishment number		1 Wages, tips, other compensation 538000 2 Federal income tax withheld 0	
e Employer identification number (EIN) 551 LLC		3 Social security wages 538000 4 Social security tax withheld 65712		5 Medicare wages and tips 538000 6 Medicare tax withheld 15602	
f Employer's name SS1 LLC		7 Social security tips 8 Allocated tips		9 0 10 Dependent care benefits	
g Employer's address and ZIP code 4700 16th Ave SW Seattle WA 98126-2716		11 Nonqualified plans		12a Deferred compensation	
h Other EIN used this year		13 For third-party sick pay use only		12b	
i State Employer's state ID number WA 604-183-433		14 Income tax withheld by payer of third-party sick pay			
15 State wages, tips, etc. 0 16 State income tax 0		17 Local wages, tips, etc. 0 18 Local income tax 0		19 Local income tax 0	
Employer's contact person Eric R Shibley		Employer's telephone number 206-938-4291		For Official Use Only	
Employer's fax number 206-260-1412		Employer's email address shibleenyc@yahoo.com			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature

Title - Manager

Date **04/22/2020**

Form W-3 Transmittal of Wage and Tax Statements

2019Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In."

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted

SS1 LLC
4700 36th Ave SW
Seattle WA 98126

108
19-8140/3250

Pay to the
order of

BSCF
Your Financial Cooperative

MEMO

SIGNED

⑆325081403⑆ 3615409724⑈ 0108

Dollars

THIS AGREEMENT sets forth the entire agreement between the parties with respect to the matters set forth herein, notwithstanding the contents of any prior agreement, assumption, advertisement, warranty or representation by any person or entity. It shall not be altered or modified unless such alteration or modification is in writing and signed by all signatories hereto. No verbal agreement, advertisement, warranty or representation have been made or relied upon by either party or any agent or employee of either party, and neither party nor any agent or employee of either party is entitled to alter any provision of this lease by any verbal representations or agreement to be made subsequent to the execution of this lease. The foregoing notwithstanding, should Tenant hold over after the expiration of the Lease term on a month to month holdover basis, Lessor may change any provision of this lease without the consent of Tenant in the manner prescribed by Washington State law.

Tenants please below confirm receipt of cashed deposit and money order

SS1 LLC
4700 36th Ave SW
Seattle WA 98128

Date _____

101
19-8140/3250

Pay to the order of _____ \$

BSU
Your Financial Cooperative

MEMO _____ SIGNED _____

VOID

⑆325081403⑆ 3615409724⑈ 0101

WA
USA **WASHINGTON**

DRIVER LICENSE
FEDERAL LIMITS APPLY

4d LIC#

9 CLASS

1 SHIBLEY
2 ERIC RYAN

3 DOB /1978

4a ISS 12/06/2019

8 4700 36TH AVE SW
SEATTLE WA 98126-2716

15 SEX M

18 EYES BRO

16 HGT 6'-00"

17 WGT 190 lb

12 RESTRICTIONS

9a END NONE

B

4b EXP 12/10/2025

5 DD WDL67B54F1SBR1206193H1225

REV 11/12/2019

20 R1206193H1225

